

U.S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

11014

FILED APR 8 1947 318

1003

State File No. _____

Registrar's No. 3201

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ 6000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 5301 Page Blvd.
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Ann Hughes

3. (b) If veteran, name war No

3. (c) Social Security No. 490-01-5119

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 17 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	1	7	hr. _____ min.
----	---	---	----------------

9. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Sale lady

11. Industry or business Dress Store

12. Name Patrick Hughes

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Mulderig

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Hughes

(b) Address 5301 Page Blvd.

17. (a) Burial (b) Date thereof 3-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) MAR 26 1947 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1947 hour 9 minute 50 a.m.

21. I hereby certify that I attended the deceased from March 23 1947 to March 24 1947
that I last saw him alive on March 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
General peritonitis

Due to gangrene of ileum with perforation

Due to strangulation of mesentery of ileum due to adhesions

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations no

Of autopsy as above - 3-24-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature Eugene J. Gualley (M. D. or other) MD

Address 634 N. 8th St. Date signed 3/27/47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

mm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.